

### Consultant Physician Clinic

Patient Name:- Arpit Kumar Singh

Age / Sex :- 50yrs / Male

Chief Complaints:-

→ Left shoulder pain

→

Drug / Food Allergy:-

→ no any allergy

Past History :-

- few yrs / yrs -> (k. tuberculosis)

Family History:-

Systemic Examination:-

→ no  
in / man

Provisional Diagnosis:

OPR NO:

Date: 3/10/23

Weight:- 71.6kg

Height:- 168cm

BMI:- 25.4

Nutritional assessment:-

- Obese  
 Well nourished  
 Mild-moderate nourished  
 Severely mal-nourished

Pulse:- 84/min

BP:- 145/90

SpO2:- 98%

140/20

Investigation :-

→ FBS, PP.VS - after -15 days

→ Physiotherapy → Refu  
- 2 din me

Treatment and further advices:-  
(Write in Capital Letters)

Rx → non / Diabetic diet / Regular exercise

→ Tab Glimicore m<sub>4</sub> (41500) }  
~~1000~~ ' ~~1000~~ / 01  
- Tab G SITA - m (1000/1000)  
~~1000~~ ' 001

→ Tab. Zerodol-SP - 1001  
(Acetofenac + Paracetamol) - 10 Tab  
+ <sup>Adage</sup> ~~1000~~ / 001

Follow Up Date: - \_\_\_\_\_ बघी हवाओ डोक्टरने बतावीने लेवी.

- colini gel - (LA) ✓

(GAS) → Tab Sompung - (A) - (10)

Patient ID:	SUR00003510701	Patient Name:	ASHOKKUMAR SINGH
Age:	50 Years	Sex:	M
Accession Number:	11870	Modality:	DX
Referring Physician:	DR.SHALBY	Study:	CHEST PA
Study Date:	3-Oct-2023		

**CHEST X-RAY (PA)**

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

**IMPRESSION:**

- No significant abnormality seen.

*Thanks for referral.*



**DR. ASHUTOSH GANDHI**

DMRD (Radiodiagnosis)

G-14916

**SHALBY HOSPITAL, SURAT**

Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

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PID : SUR0000351071 OP-001

REPORT STATUS : Interim



Patient Name : <b>Mr Ashok Kumar Singh</b>	/	Registered On : 03-Oct-2023 09:13 AM
Lab ID : 310900143		Collected On : 03-Oct-2023 09:12 AM
Gender/Age : Male / 50 Years	DOB : 18-Jul-1973	Received On : 03-Oct-2023 09:18 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<b>BLOOD COUNT AND INDICIES</b>			
HAEMOGLOBIN <small>Colorimetric Non Cyanide</small>	14.5	g/dL	13.0 - 17.0
RBC COUNT <small>Electrical Impedance</small>	5.42	mill/cmm	4.5 - 5.5
HCT <small>Calculated</small>	44.9	%	40 - 50
MCV <small>Calculated based on the RBC histogram</small>	<b>82.8</b>	fL	83 - 101
MCH <small>Calculated</small>	<b>26.8</b>	pg	27 - 32
MCHC <small>Calculated</small>	32.3	g/dL	31.5 - 34.5
RDW <small>Calculated</small>	<b>13.1</b>	%	13.3 - 18.3

**TOTAL LEUCOCYTE COUNT**

Total WBC Count <small>Electrical Impedance</small>	6390	cells/cmm	4000 - 10000
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**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS <small>Flow Cytometry</small>	65	%	40 - 80
LYMPHOCYTES <small>Flow Cytometry</small>	25	%	20 - 40
EOSINOPHILS <small>Flow Cytometry</small>	5	%	1 - 6
MONOCYTES <small>Flow Cytometry</small>	5	%	2 - 10
BASOPHIL <small>Flow Cytometry</small>	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT <small>Electrical Impedance</small>	<b>118000</b>	/cmm	150000 - 410000
MPV <small>Calculated based on PLT Histogram</small>	<b>13.2</b>	fL	7.5 - 12.0

**PERIPHERAL SMEAR EXAMINATION**

RBCs	Normochromic and Normocytic.
WBCs	Total and differential leucocyte counts are within normal limit
PLATELETs	Mildly Reduced on smear examination. <u>Few large platelets</u> seen.
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.
PLATELET COUNT (MANUAL )	<b>120000</b> /cmm 150000 - 500000

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**Dr Pankaj Agrawal**M.B., D.C.P.  
Consulting Pathologist
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EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type

"B"

RH Type

POSITIVE

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ESR 1st hour *	2	mm in 1 hour	0 - 15
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Modified Westergren Method

**HBA1C****HbA1c - Glycated Haemoglobin \***

Boronate Affinity Assay

10.3	%
------	---

Non-diabetic:  $\leq 5.6$   
 Pre-diabetic: 5.7-6.4 %  
 Diabetic:  $\geq 6.5$   
 Therapeutic goals for glycemic control  
 Age > 19 years Goal of therapy:  
 < 7.0 Action suggested: > 8.0  
 Age < 19 years Goal of therapy:  
 < 7.5

Estimated Average Glucose (eAG) (mg/dL) *	249	mg/dL
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Calculated

130
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Gender/Age : Male / 50 Years	DOB : 18-Jul-1973
Ref. By : Dr. Health Check Up . Shalby	Received On : 03-Oct-2023 09:18 AM
	Sample Type : Serum, Urine (PP), Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
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## PLASMA GLUCOSE LEVEL

## FASTING PLASMA GLUCOSE

Plasma Glucose (F)	<u>263</u>	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	PRESENT[++]	mg/dL	Absent
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Glucose-oxidase/oxidase reaction

## POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	<u>495</u>	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic: =>200 ✓
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	PRESENT[++++]	mg/dL	Absent
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Glucose-oxidase/oxidase reaction

L10

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Ref. By : Dr. Health Check Up, Shalby	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <small>Cholesterol Esterase, Oxidase, Peroxidase</small>	199	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <small>Lipase/GKGPO/POD</small>	145	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT *</b> <small>Phosphotungstic Acid/Mgo2 - Enzymatic</small>	41	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <small>Calculated</small>	158	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>S.LDL</b> <small>Calculated</small>	129	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129  Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VDL</b> <small>Calculated</small>	29	mg/dL	6 - 38
<b>LDL/dHDL *</b> <small>Calculated</small>	3.1		2.5 - 3.5
<b>Chol/dHDL *</b> <small>Calculated</small>	4.9	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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**RENAL FUNCTION TEST**

**RENAL FUNCTION TEST**

<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	16	mg/dL	9 - 20
<b>UREA</b> <i>Calculated</i>	34	mg/dL	19 - 43
<b>Creatinine</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.59 ✓	mg/dL	0.66 - 1.25
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	3.7 ✓	mg/dL	3.5 - 8.5
<b>Calcium</b> <i>Arsenazo III dye</i>	9.5 ✓	mg/dL	8.4 - 10.2
<b>S. PHOSPHORUS *</b> <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.4	mg/dL	2.5 - 4.5
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	143	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.67	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	106	mmol/L	98 - 107

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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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## IMMUNOLOGY

## THYROID PROFILE (TFT)

<b>Total T3 *</b>	129	ng/dL	87 - 178
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Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.69
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10

<b>Total T4 *</b>	11.64	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
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Chemiluminescence immunoassay (CLIA)

T4 Total in µg/dL	1-3 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70

<b>TSH *</b>	1.396	µIU/mL	0.38 - 5.33
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Chemiluminescence immunoassay (CLIA)

## INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
  - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
  - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
  - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
  - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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**PROSTATE SPECIFIC ANTIGEN \***

0.4

ng/mL

0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

**Clinical Use:**

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

**Note:**

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels .
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

**Recommended Testing Intervals:**

- Pre-operatively ( Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

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	Sample Type : Urine

## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
Glucose	Glucose-oxidase/oxidase reaction	Present (++)	Negative
Bilirubin	Azo coupling Reaction with diazonium	Negative	Negative
Ketone	Sodium Nitroprusside reaction	Negative	Negative
Specific Gravity	Refractometric Method - Bromthymol blue	1.025	S.G. value 1.001 - 1.035
Blood	Peroxidase like activity of hemoglobin	Negative	Negative
pH	Double Indicator principle	5.0	PH value 4.6 - 8.0
Protein	Protein Error of Indicator Principle	Negative	Negative
Urobilinogen *	Modified Ehrlich reaction	0.2	EU/dL Upto 1.0 mg/dL (EU/dL)
Nitrite *	Diazotization reaction of nitrite with an aromatic amine	Negative	Negative
Leucocyte	Leucocyte Esterase Test	Negative	Negative
<b>Microscopic Examination</b>			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	0-2/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil

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Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000351071 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Ashok Kumar Singh** / Registered On : 03-Oct-2023 09:13 AM  
Lab ID : 310900143 Collected On : 03-Oct-2023 09:12 AM  
Gender/Age : Male / 50 Years DOB : 18-Jul-1973 Received On : 03-Oct-2023 09:18 AM  
Ref. By : Dr. Health Check Up , Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

Liver Function Test

**Liver Function Test**

<b>SGPT (ALT)</b> <i>Multi Point Rate with P-5-P</i>	<b>314</b>	U/L	21 - 72
<b>SGOT (AST)</b> <i>Multi Point Rate with P-5-P</i>	<b>137</b>	U/L	17 - 59
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	111	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
<b>GGT *</b> <i>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</i>	39	U/L	15 - 73
<b>S. PROTEIN</b> <i>Buret (Alkaline cupric sulfate), End Point</i>	7.9	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	4.7	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	3.2	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	1.5	Ratio	1.0 - 2.3
<b>Bilirubin Total</b> <i>Azobilirubin/Dyphylline/Diazotism Salt</i>	1.0	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0  Adult : 0.2 - 1.3
<b>Bilirubin Unconjugated</b> <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.7	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<b>Bilirubin Direct</b> <i>Calculated</i>	0.3	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

End of Report

This is an Electronically Authenticated Report.

Generated On : 03-Oct-2023 12:48 PM  
Approved On : 03-Oct-2023 12:38 PM

*Dr Pankaj Agrawal*  
**Dr Pankaj Agrawal**  
M.B., D.C.P.  
Consulting Pathologist

Regd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.  
Tel.: 079 40203000 | Fax: 079 40203109 | Email: info.sg@shalby.org | Web: www.shalby.org

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**DR. RUJUTA SHELAT**  
Consultant Ophthalmologist  
Reg. No.:- G-48712

Name :-

Ashok Kumar Singh

Date:-

03/10/2023

Chief Complaints:-

medical check up



Pain Assessment:-

Past History:-

Family History:-

Allergy:- NO Drug Allergy

Personal History:- **Habits**:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

PP:- Pulse:- Temp:-

Systemic Examination:-

HT:- 199 WT:-

DM 2019  
PH Vision:- 6/6  
6/6

Visual Acuity:- 6/12  
6/12

NCT 12  
12

SRK +1.25 / -0.75 X 85 6/6  
± 0.00 6/12 Add +2.00 DS NB

ON Examination

Ant. Segment

Both Eye

WNA

PSL

## SHALBY HOSPITAL, SURAT

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org

CIN: L85110GJ2004PLC044667

NPNC  
OCT 03 2023 12:1

VD=10  
(R)  
SPH CYL RX  
+ 0.75 +0.75 171  
+ 0.75 +1.25 175  
+ 1.00 +0.75 171

Anterior Chamber

Rt. EYE

Lt. EYE

(L)  
SPH CYL RX  
+ 0.25 +1.00 30  
+ 1.00 -1.00 89  
+ 0.50 +0.50 162  
+ 1.00 -1.00 89

PD= 71  
GrandSeiko.com  
GR-3300K S/N:768E09C

Investigation:-

Background:-  
Macula:-  
Diagnosis:-

*wm*

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

*2 months*

Signature of the Consultant

*R.M.*



## EXERCISE STRESS TEST REPORT

Patient Name: ASHOK KUMAR, SINGH

Patient ID: 16991

Height:

Weight:

DOB: 18.07.1973

Age: 50yrs

Gender: Male

Race: Indian

Study Date: 03.10.2023

Test Type: --

Protocol: BRUCE

Referring Physician: --

Attending Physician: --

Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	02:55	0.80	0.00	120	140/90	
EXERCISE	STAGE 1	03:00	2.70	0.00	141	140/90	
	STAGE 2	03:00	4.00	12.00	157	150/90	
	STAGE 3	01:08	5.40	14.00	179	170/90	
RECOVERY		03:06	0.00	0.00	117	150/90	

The patient exercised according to the BRUCE for 7:07 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 107 bpm rose to a maximal heart rate of 181 bpm. This value represents 106 % of the maximal, age-predicted heart rate. The resting blood pressure of 140/90 mmHg, rose to a maximum blood pressure of 170/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

### Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

### Conclusions

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician



Technician

\_\_\_\_\_

Patient ID: 16991

03.10.2023

Male

11:39:12

50yrs Indian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Total Exercise Time 07:07

Max HR: 181 bpm 106% of max predicted 170 bpm HR at rest: 107

Max BP: 170/90 mmHg BP at rest: 140/90 Max RPP: 28220 mmHg\*bpm

Maximum Workload: 10.00 METS

Max. ST: -1.05 mm, 0.00 mV/s in III; RECOVERY 00:50

Arrhythmia: A:17

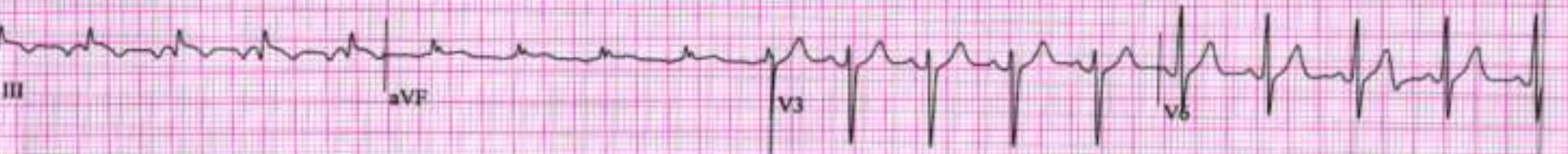
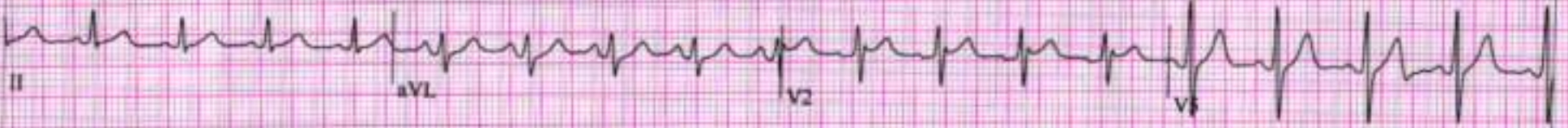
ST/HR index: 0.16  $\mu$ V/bpm**Reasons for Termination:** Target heart rate achieved**Summary:** Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.**Conclusion:** TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Location Number: \* 0 \*

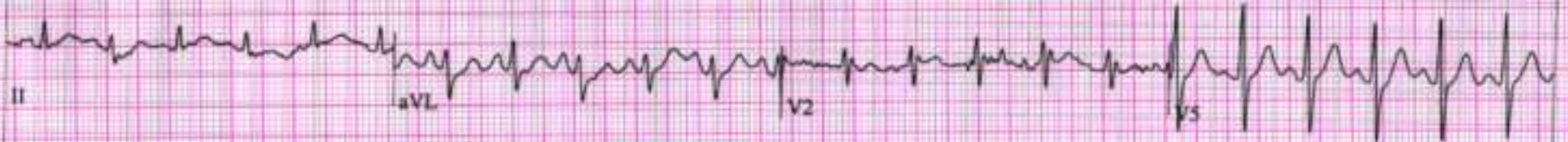
Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (mV)	Comment
PRETEST	SUPINE	02:55	0.80	0.00	1.3	120	140/90	16800	0	-0.55	
EXERCISE	STAGE 1	03:00	2.70	0.00	2.2	141	140/90	19740	0	-0.60	
	STAGE 2	03:00	4.00	12.00	7.0	157	150/90	23550	0	-0.65	
	STAGE 3	01:08	5.40	14.00	10.0	179	170/90	30430	0	-0.15	
RECOVERY		03:06	0.00	0.00	1.0	117	150/90	17550	0	-0.35	

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.90	V1	-0.40
II	0.80	V2	1.15
III	-0.10	V3	1.30
aVR	-0.85	V4	1.70
aVL	0.45	V5	1.95
aVF	0.35	V6	1.75



Lead	ST(mm)	Lead	ST(mm)
I	0.95	V1	-0.30
II	0.45	V2	0.75
III	-0.60	V3	2.00
aVR	-0.70	V4	2.35
aVL	0.80	V5	2.35
aVF	-0.05	V6	2.05



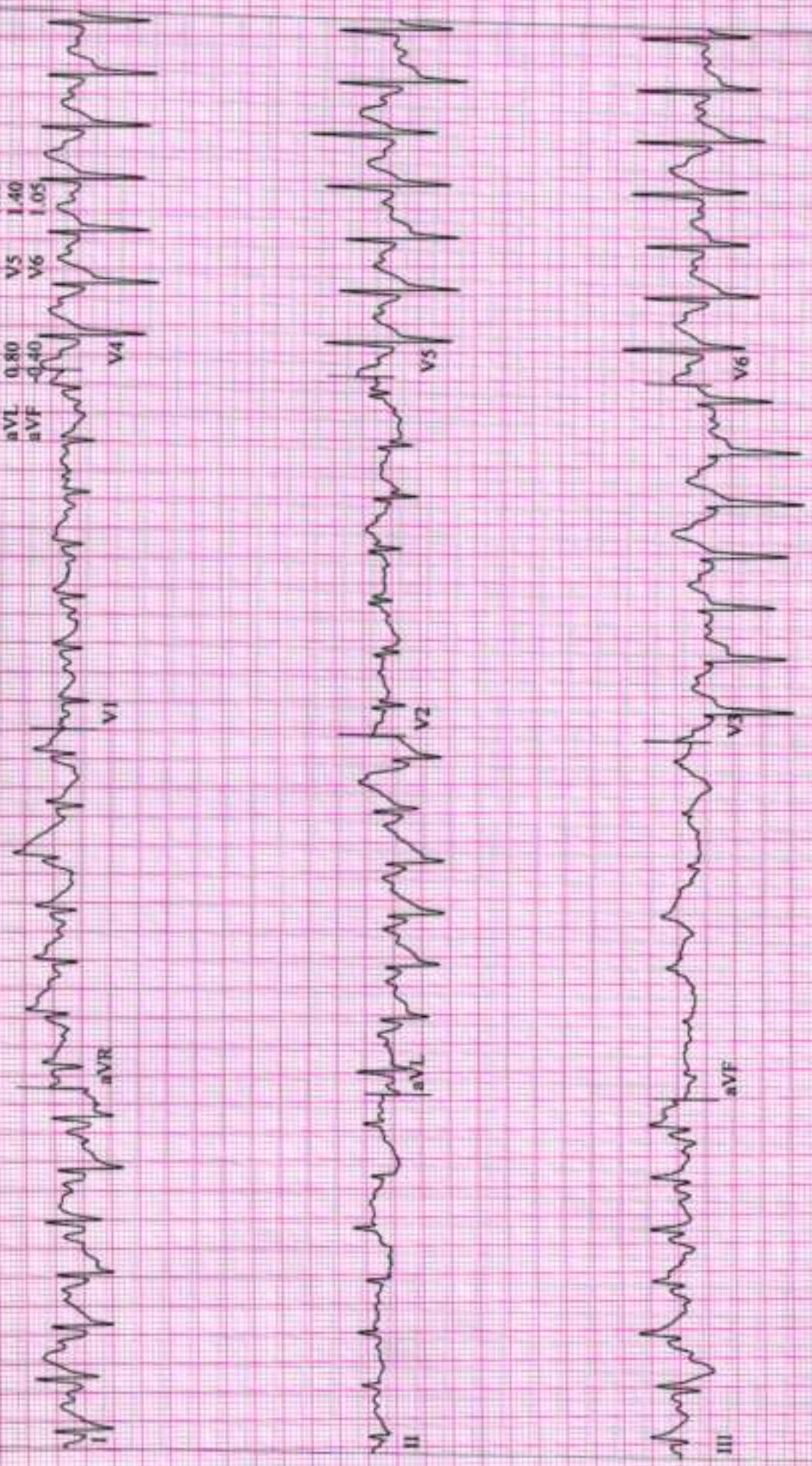
ASHOK KUMAR, SINGH  
Patient ID: 16991  
03/10/2023  
11:48:01

12-lead Report  
EXERCISE  
STAGE 2  
05:50

BR RE  
4.0 km/h  
12.0 %

SHALBY HOSPITAL  
Measured at 60mins Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.80	V1	-0.75
II	0.15	V2	0.00
III	-0.90	V3	1.40
aVR	-0.55	V4	1.65
aVL	0.80	V5	1.40
aVF	-0.40	V6	1.05



ASHOK KUMAR, SINGH

Patient ID: 16001

03.10.2023

11:49:19

179 bpm

12-Lead Report ( PEAK EXERCISE )

EXERCISE

STAGE 3

07:08

BR

5.4 km/h

14.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.85	V1	-0.60
II	0.10	V2	-0.25
III	-0.90	V3	1.35
aVR	-0.55	V4	1.50
aVL	0.80	V5	1.15
aVF	-0.45	V6	0.40



Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	1.65	V1	-0.80
II	0.55	V2	0.45
III	-1.10	V3	1.95
aVR	-1.10	V4	2.75
aVL	1.35	V5	2.55
aVF	-0.30	V6	2.15



126 bpm  
150/90 mmHg

Measured at 60ms Post J (10mm/mV)  
Auto Points

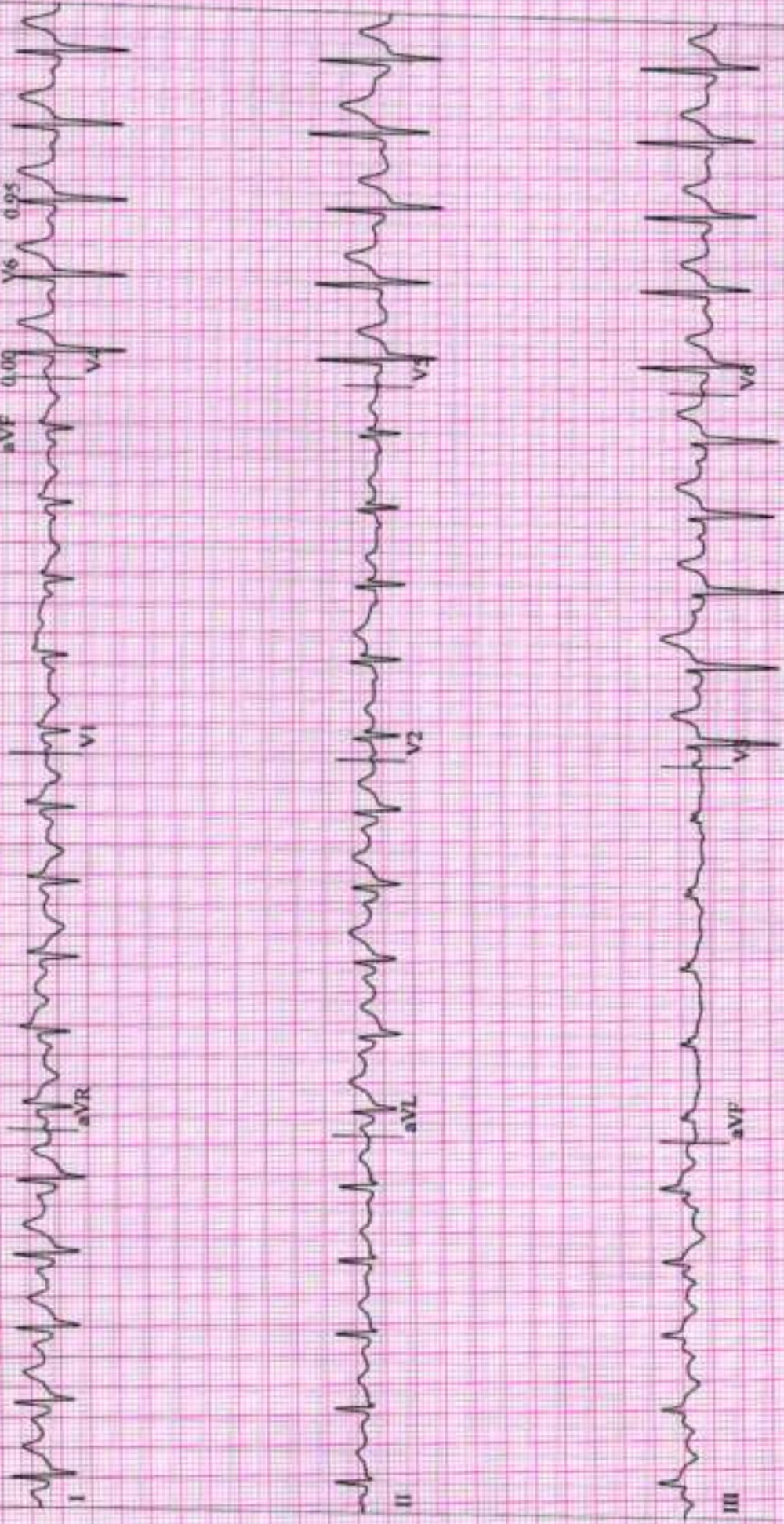
Lead	ST(mm)	Lead	ST(mm)
I	0.95	V1	-0.55
II	0.35	V2	0.35
III	-0.60	V3	1.35
aVR	-0.65	V4	1.85
aVL	0.75	V5	1.60
aVF	-0.10	V6	1.45





Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.75	V1	-0.25
II	0.35	V2	0.30
III	-0.40	V3	1.10
aVR	-0.55	V4	1.35
aVL	0.55	V5	1.15
aVF	0.00	V6	0.95



Patient Name: ASHOK KUMAR SINGH		UHID:	
Age / Sex: 50 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	DR at shalby hospital	Date: 03/10/2023	

**ULTRASOUND OF ABDOMEN AND PELVIS**

**Liver** is normal in size and appearance. It shows normal parenchymal reflectivity. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R.  
**Portal vein** appears normal.

**Gall bladder** is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

**Pancreas** appears normal in size and echotexture. **MPD** appears in size. No mass lesion or calcification seen.

**Spleen** appears normal in size and appearance. No focal lesion seen.

**Right kidney** It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Left kidney** It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Urinary bladder** well distended and appears normal. No evidence of any intraluminal mass or calculi.

**Prostate** is enlarged in size and measures 30 x 47 x 37 mm (Approx. vol- 29 cc). It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

**IMPRESSION:**

- Mild prostatomegaly.
- No other significant abnormality is seen.

Thanks for referral.



**DR. ASHUTOSH GANDHI**  
DMRD (Radiodiagnosis) G-14916

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org  
CIN: L85110GJ2004PLC044667

ID: \_\_\_\_\_ Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ years

1100 Sinus rhythm  
2420 PRP (QR) in lead V1/V2, consistent with right ventricular conduction delay  
9130 \*\* borderline ECG \*\*

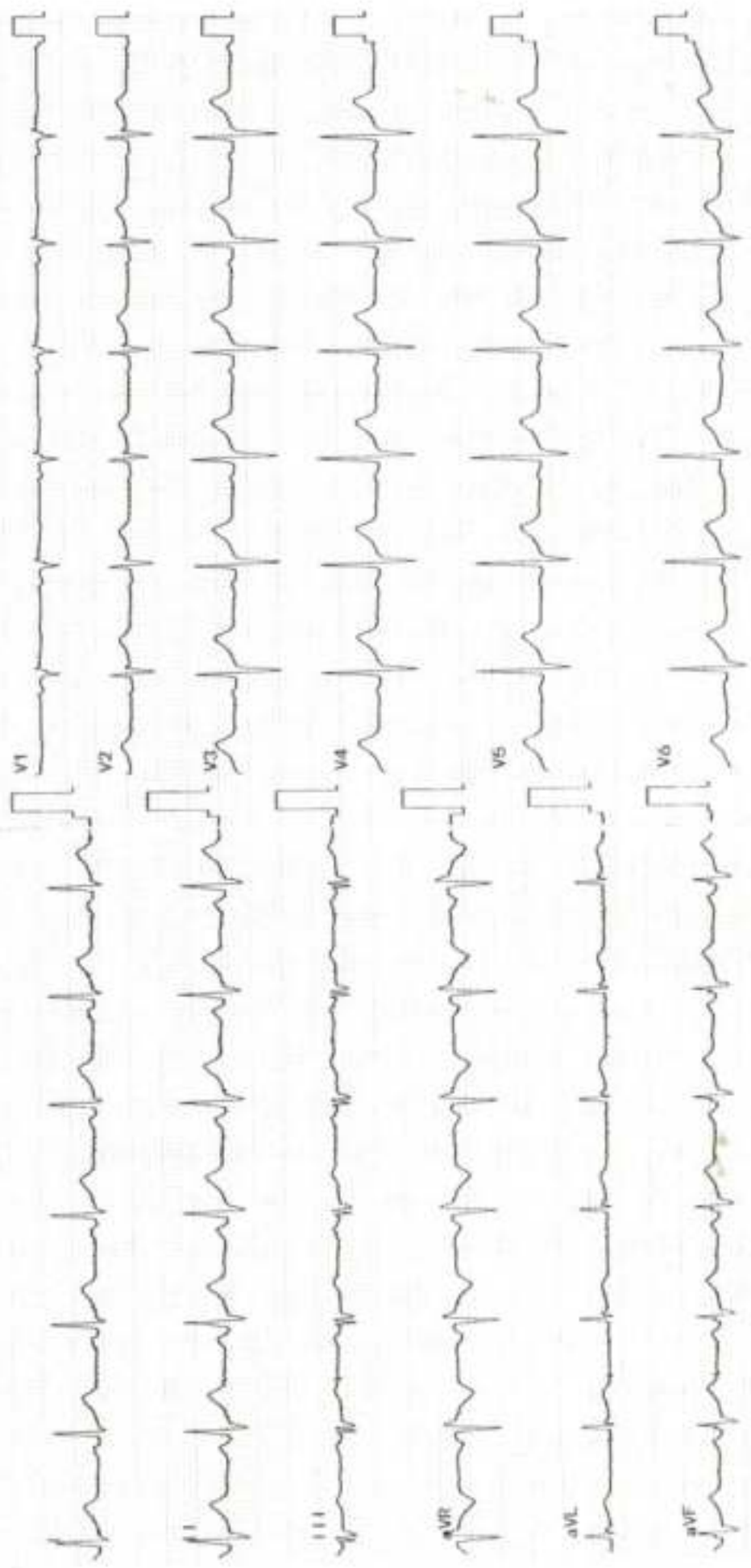
Ashok Kumar

(Signature)

Unconfirmed Report  
Reviewed by:

5 mm/mV

10 mm/mV 25 mm/s Filter: 150 d 100 Hz



Medication:

Symptoms:

History:

Heart rate 85 bpm  
 RR int 126 ms  
 PR dur 90 ms  
 QT/QTc (E) int 354/397 ms  
 1/2 QRS/T axis 61/15/42  
 RV/SV1 amp 2.28/0.64 mV  
 RV+SV1 amp 2.93 mV



Pre - op

Post-op

Health Check-up

Date : 2-10-23

Patient Reg. No. : \_\_\_\_\_

Patient Name : Ashok Singh Age / Sex : 40 / M

Address : Surat

**Complaints :**

Pain : \_\_\_\_\_

Bleeding gums : \_\_\_\_\_

Sensitivity : \_\_\_\_\_

Swelling : \_\_\_\_\_

Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension :  DM  Acidity  Pregnancy : \_\_\_\_\_

Bleeding Disorders : \_\_\_\_\_ Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Past Surgical Intervention : \_\_\_\_\_

**Any Medication :**

**On Examination :**

Abscess : \_\_\_\_\_ Food lodgement : \_\_\_\_\_

Periodontitis : \_\_\_\_\_ Gingivitis : \_\_\_\_\_

Missing Teeth : \_\_\_\_\_ Mobility : \_\_\_\_\_

**Treatment Advised :**

Scaling : Sitzings 1  2  3  Deep

Restoration : \_\_\_\_\_ Perio Surgery : \_\_\_\_\_

RCT : \_\_\_\_\_ Class V Fillings : \_\_\_\_\_

Dentures : \_\_\_\_\_ Extraction : \_\_\_\_\_

Implants : \_\_\_\_\_ Partial Denture : \_\_\_\_\_

Crown & Bridge : \_\_\_\_\_  
 Present : \_\_\_\_\_

Crown / Bridge Replacement :	<input checked="" type="checkbox"/>	
Advised Crown / Bridge :	<input type="checkbox"/>	
Advised X - Ray / O.P.G. :	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	

**Some Golden Rules :**

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Adv : Scaling

**Dr. Darshini V. Shah**  
(Consultant Dental Surgeon)

Patient Name: ASHOK KUMAR SINGH		UHID:	
Age / Sex: 50 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	DR at shalby hospital	Date: 03/10/2023	

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